

CHAPTER 01

INTRODUCTION

1. 1 Background of the study.

Service industry is the fast growing and most competitive industry in the business world and success of service organization depend on the customer satisfaction. Customer satisfaction depend on the various factors. It may be company product or services, their price, their promotion plan, their brand image, after sale services etc. According to the Reichheld, Rust & Zahorik as cited in Alrubaiee (2011), service quality lead to retention of existing customer, attraction of new one, reduced costs, an enhanced corporate image, positive word-of-mouth, profitability as well as overall customer satisfaction. Therefore service quality has become a competitive weapon in the service industry to satisfy the customer. So service sector organization are trying to deliver quality service through their organization to achieve competitive advantages.

Healthcare sector can be considered as the one of the major service sector for country and it play vital role to develop healthy human capital for the country. Health also customer satisfaction is the important determinant of success and long –term survival in the healthcare industry. In healthcare industry customers are the patients. So patients satisfaction is very important for hospital because patients greater satisfaction will increase the positive word of mouth, repeat purchase of service and profitability. Therefore patients satisfaction evaluation has become a part of strategic process of any private healthcare organization. According to the Raposo, Alves, & Duarte, (2009), measuring the patients' satisfaction and understanding factors affecting on patients' satisfaction are very important for healthcare managers. Because, they can modify and develop quality of the healthcare services for their future success and profitability. According to the marketing literature, two satisfaction levels have been considered. Those are transactional specific satisfaction and overall satisfaction. According to the Deng, Lu, Wei, & Zhang, (2010) transactional specific satisfaction mean that customer evaluation and judgment based on purchase or consumption

experience . Wang, Lo, & Yang, (2004) explain overall satisfaction as customer evaluation and judgment based on the all purchase and consumption experience .When we coming to hospital level, different services such as the admission, meals, nursing services, discharge, etc. each are considered as the one transaction and satisfaction from this individual transaction consider as the transactional level satisfaction .On the other hand ,satisfaction from whole process and services provided in patients hospitalization period can be considered as the overall satisfaction .Therefore both transactional level and overall satisfaction is very important for success of healthcare organization .

When we coming to Sri Lankan context, its healthcare sector consist with both private and public hospitals. When we consider the fast few years, there has been growing number of private healthcare organization in Sri Lanka. Specially in the healthcare industry, quality is playing vital role. Because, they are dealing with human lives .So many private healthcare organizations of Sri Lankan are paying attention to deliver good quality services for their patients .Because they know, it's the only one factor for patients' satisfaction and survival in the healthcare market .But some private healthcare organizations are paying more attention to maintain only targeted revenue through various ways .It's not good situation in healthcare industry in Sri Lanka.

Hemas Hospital is the one of the key healthcare brand and only one internationally accelerate hospital chain in Sri Lankan private healthcare sector .Further more they are trying to deliver internationally accepted quality healthcare service to their patients. Brand consists with mainly three hospitals. Including Wattala ,Thalawathugoda and Gall .Hemas hospital chain was started at 2006. Whole Hemas hospital chain is more responsible to deliver quality healthcare services for their patients' .Because they believe that their success depend on their patients' satisfaction.

Thalawathugoda Hemas hospital is the newly opened hospital into the Hemas hospital chain .It was stated at 2013. Now Hemas hospital Thalawathugoda is in the growing stage and they are planning to travel long journey in the private healthcare industry. As a newly opened private hospital, competitors, their patients and other external parties are paying attention on their healthcare services and its quality .Therefore, Thalawathugoda Hemas capital hospital is highly focus on healthcare service Quality

through every aspect in delivering the services . On the other hand, they are using various method and technique to understand the nature of their service quality and its impact on their patients. Including day by day patients feedback ,Facebook comments. Because ,Hemas Capital hospital Thalawathugoda management team are more responsible to minimize patients complain regarding their all services and to give the maximum satisfaction for their patients .So understanding current service quality and its impact on their patient's satisfaction has been identified as the first step .So this study focus on providing trustworthy evidence to confirm service quality and its impact on patients satisfaction in the Thalawathugoda Hemas capital hospital.

1. 2. Research problem

When we consider the healthcare industry always it has to face new challenges for increasing the demand for quality healthcare service, patients satisfaction and increased competition .To face these challenges ,healthcare organization should pay their attention to develop effective ways to satisfy the need of patients . private healthcare organization play the vital role in Sri Lankan healthcare sector and lot of private healthcare organizations are paying their attention to deliver the quality healthcare service for their patients .Because success of healthcare organization depend on the patient satisfaction. On the other hand present patients are more knowledgeable and always they are expecting good quality healthcare services from the healthcare organization. So paying attention to make effective way to deliver quality services for their patients and to satisfy the patients is essential.

In Thalawathugoda Hemas capital hospital is the newly opened hospital into the Hemas hospital chain .it was started at 2013.Always they are paying more attention to provide Quality healthcare service for their patients and they use most effective ways and method to deliver quality service .Therefore they are highly concerning about their service quality and they are paying their attention to develop their service quality further more to enhance patients' satisfaction and future success. According to Hemas hospital face book page when researcher go through the patient feedback document and face book comment of the patients regarding the hospital service quality, patients' complained has been increased by 5% when compared to 2014and 2015(Hemas

hospital face book page).On the other hand with reference to the formal conversation that had with the their management team that anyone had not done formal investigation about their service quality and its impact on patients satisfaction through the formal study. So As quality healthcare service providing hospital, their management teams also wanted to understand the nature of their current service quality, its impact on their patients' satisfaction and areas where they can improve their service quality furthermore for patient's satisfaction as well as their future success. Therefore this study focus on understanding the service quality and its impact on patients satisfaction .As well as providing trustworthy evidence to confirm the impact of service quality on patients in the Thalawathugoda Hemas capital hospital.

Research problem that need to be find the answer through this study is

Does service quality has an impact on patient's satisfaction in Thalawathugoda Hemas capital hospital?

1. 3 Research Hypotheses

This study will test the following hypothesis

H1- There is a positive relationship between service quality and patient's satisfaction in Thalawathugoda Hemas capital hospital.

1. 4 Research objectives

Quality has become a most important icon in any service industry .because present consumers are more knowledgeable and always they are expecting quality service relating to the paid amount .so quality has become a key success factor for any service organization .Healthcare is one of the large service category in Sri Lanka and service quality play vital role in the healthcare organization .Because they are dealing with human life. Therefore service quality play vital role in patients 'satisfaction of both private and public healthcare organization .So service quality has become a turning point when evaluate the healthcare organization .The main purpose of this study is to

identify the service quality of Thalawathugoda Hemas capital hospital and its impact on their patients satisfaction.

1.4.1.General objective

To identify the relationship between service quality and patients' satisfaction in Thalawathugoda Hemas Capital Hospital.

1.4.2.Specific objectives

Healthcare industry specific scale will be used to measure their service quality .it included environment quality, process quality and interaction quality. In here main objective has separated to three specific objectives.

To identify the relationship between service quality and patients satisfaction in Thalawathugoda Hemas capital hospital.

To know the level of service quality in Thalavathugoda Hemas Capital Hospital

To find suitable strategies to improve service quality in Thalavathugoda Hemas Capital Hospital.

1. 5 Significance of the study

1.5.1.To researcher

Service industry is the most important and fast growing industry in the world .Therefore quality has become a most important icon in the service organization .This study will investigate the service quality and its impact on patients satisfaction in Thalawathugoda Hemas capital hospital .As a researcher, can be understood about the private healthcare service industry , Service quality measurement in the private healthcare organization and its impact on the patients' satisfaction .Mainly researcher knowledge will be expand about the service quality measurement scale for healthcare services and development of successful service quality measurement scale for different service industries .

1.5.2.To future researches

This study has investigated the impact of service quality on patient's satisfaction in Thalawathugoda Hemas capital hospital. In hear specially hospital service quality related scale has been used to measure the service quality and its impact on patients .Therefore future researcher can understand what is the important of using specialized scale for healthcare sector and they can use this special service quality dimension for their future research.

1.5.3.To the Organization

Through this research try to investigate the impact of service quality on patients satisfaction in Thalawathugoda Hemas capital hospital. As a general things customer satisfaction is very important for success of the any organization .therefore it will be common also healthcare organization also .but in hear customers are the patients. In hear healthcare organization's specialized scale has been used to measure the hospital service quality .it including environment quality ,process quality and attitude and ethics .Always patients evaluate the healthcare service quality by considering those factors .therefore management team of the Hemas capital hospital can use this trustworthy evidence to understand the current service quality, its impact on patients satisfaction and what are the areas which patients evaluate the service quality through this study. Therefore they can use this trustworthy evidence to make their strategic marketing plan and operational plan for their future success.

1. 6 Limitation of the study.

When we consider this study several limitations can be seen due to time and cost contains. The major limitation is the sample size .The proposed model for this study has been validated by collecting data from only 100 hospital patients due to shortage of time. Due to this small sample size and the convenient method of data collection, there is a possibility of bias playing a role in the outcome of the study. Future study need to be conducted with a bigger sample size to obtain better results.

Researcher has faced challenges to find the most suitable respondents from the population. Because selected respondent should have sufficient knowledge to give the correct answer for question which is included in the questionnaires.

1.7. Data analysis

The collected data was manipulated and arranged in a way that it is easy to use them to be analyzed to achieve the intended objective of the research. Microsoft Excel was used to prepare the tables and graphs throughout the research since it is a user friendly analytical tool.

SPSS Version 16 will be used for validity and reliability. Factor analysis relationship testing, common method bias and descriptive statistics and regression will be applied for the data analysis.

1.8 Chapter organization

1.8.1. Chapter One: Introduction

In this chapter Researcher will address the service quality as a concept and its importance for every organization and their customer satisfaction. Then they will explain the healthcare sector and its irrelativeness to service quality and patients satisfaction .on the other hand he will mention the main purpose of the study, significance of the study and several limitation of the study.

1.8.2. Chapter two: Literature review

In this chapter, the writer will review existing and relevant literature within the field of service quality and customer satisfaction specially relating to the healthcare sector. Definitions of some important concepts will be provided to ease understanding of the subject and what has been examined within this area of study.

1.8.3. Chapter three: Methodology

This chapter covers explanations and presentation of the researcher“ method of collecting and analyzing data from both the primary and secondary point of view.

1.8.4. Chapter four: Analysis and discussion

In this chapter will be presented analysis collected data through questionnaires based on theoretical concept to answer the research problem. On the other hand managerial point of view discussion will be included in to this chapter.

1.8.5. Chapter five: Conclusion

In this chapter proper solution will be provided to the research objective by the drawing conclusion. Mainly the implication of service provider, and finally suggestion will be included hear

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The hospital marketing is not popular thing in Sri Lanka like in other developing countries. It is a specialized field and deals with the connection of doctors, patients, hospitals, and to some extends the insurance corporations & companies. Hospital marketing is considered important to ensure the long term viability of hospitals and make available of higher quality service to every individual in health care services. In health care services, the patients are the customers of the service (Woodside et al., 1989). The patients are valuable assets for the health care organizations since they are the consumers who determine the success or failure of the health care organizations. Patients are now considered as the health care customers for the reason that, they can make the decision to select the choice of service and provider which best meets their health care needs (Wadhwa, 2002). The patients' satisfaction is important for hospitals because it is a significant determinant of repeated usage, positive word-of-mouth, and patients' loyalty. Patients' perceptions about health services seem to have been largely ignored by health care providers in developing countries (Singh, 2010). The patient's satisfaction and service quality has a positive relationship. The satisfied customers will become loyal customers and give more profitable business to the organization (Parasuraman et al., 1985; Zenithal & Britner, 2008; Riechheld & Sasser, 1990; Boulding et al., 1993).

Health care service is one of the fastest growing sectors in both developed and developing countries. Sri Lanka as a developing country provides free medical facilities through the government medical institutions. According to Woodside et al. (1989) present health care customers are the patents and the patient's satisfaction is an important competitive factor for the health care industries and also it will be the best indicator for the firm's profitability, because highly satisfied customers are not price sensitive. The health care organization has to achieve their continuous development

and gather the sustainable competitive advantages through increase their patient's satisfaction by providing the highest level quality of service (Zineldin, 2006)

In this chapter researcher has reviewed the existing and relevant literature within field of service quality, patients satisfaction and its relationship.

2.2 Service quality

Service sector is the fast growing and most competitive service sector in the worldwide .So every country is paying their attention on service sector and their contribution to the GDP .According to the past studies, customer satisfaction is one of the key factor for any kind of service organization. ` explains that there are many factors impact on customer' satisfaction. Such factors include friendly employees, courteous employees, knowledgeable employees, helpful employees, accuracy of billing, billing timeliness, competitive pricing, service quality, good value, billing clarity and quick service.Specilly in the service providing organization, quality is most important icon and that have greater impact on the customer satisfaction Service quality has been defined in a service marketing literature as a overall assessment of the service by the customer .According to Oliver as cited in Zadeh ,Hoseini (2012),In both the service and manufacturing industries, quality improvement is the key factor that affects customer satisfaction and increases purchase intention among consumers. Health care service sector is the one of the large category in the service sector of the country. service quality, customer' satisfaction are paying vital role and customer can be identified as a patients in the healthcare service sector .According to The Choi , Nana., Zaim as cited in Alrubaiee(2011), healthcare service quality and patients satisfaction have received significant research attention also.

In literature, there are various definition can be seen for the service quality. According to the, Parasuraman as cited in Ndamnsa (2013) basically service quality is the difference between consumer expectation and perception about the specific service .Zeithaml as cited in Zamil (2012) has defined the service quality as the evaluation of the customer on the received services to them. According to the Parasuraman as cited in Ndamnsa (2013) consumer evaluate the service quality by comparing their

expectation from the service with perception of actually received service. There is a some difference in defining healthcare service quality compared to other services. According to the Koch, (1991) healthcare service quality is the continually satisfying patient requirements. Some researcher has identified the various aspect in healthcare service quality, Lim as cited in Alrubaiee (2011) explains two aspect of service quality in the healthcare services. Those are technical aspect of care and interpersonal aspect of care. Technical aspect of care refers the competence of the service providers, clinical and operating skills of the doctors, clinical and clinical staff. Interpersonal aspect of care which represents the humane aspect of care and the socio-psychological relationships between the patient and the health care service providers. This involves explanations of illness and treatment, the availability of information, courtesy and the warmth received. Service quality means the difference between the customer expectation of service performance prior to the service encountered and actual performance of received service (Asubontung et al., 1996). It has a positive effect on the bottom line performance of a firm so it is widely useful to fight to achieve the benefit from industrial competition in service market Asubontung et al., 1996). Furthermore, the service quality has become a popular area of academic investigation and it has been accepted as a key factor in keeping the competitive advantages and sustains relationship with their consumers (Zeithaml & Bitner, 2008). The services consist of four unique characteristics such as intangibility, perishability, variability and inseparability. Therefore, the quality and value of services depend on who provide the service, when they provide the service, where they provide the service and how they provide the service. The quality of the service received by the customers may vary from person to person and place to place (Gnanapala, 2015). The service buyers are aware of this variability and therefore often talk to others before selecting a service provider and their service standards (Brown et al., 1993). To ensure the service quality, the service providers take every possible action to measure and identify the service quality of their services. Measurement of service quality is not an easy task because the service is not a tangible product as service quality is an intangible in character, due to this character the service quality is difficult to measure (Sodani et al., 2010). Furthermore, it is difficult to judge the quality of the core service unless already got one experience it, like in hospital service; it is difficult to assess the service quality of the hospital with new patients who have no past experience of the same service. For example, a new patient cannot measure the

behavior of the staff of the hospital, ambience and maintenance of hospitals, attractiveness and perceived competence of the hospital before receiving the actual services (Chaka, 2005).

Service quality is determined by the differences between customer's expectations of the services provider's performance and their evaluation of the services they have received (Parasuraman et al., 1985, 1988; Zeithaml & Bitner, 2008). Oliver (1980) argues that service quality theory will predict that the customer will judge that the quality is low; the performance of service does not exceed the consumer's expectation as the quality is high, the performance of service exceeds the consumer's expectation. In the services marketing, the consumers have the power of judgment of service standard. In the relationship marketing, the consumer communication is the most important factor to create a dialogue between the organization and its consumers. It leads to consumer knowing what they want and at the same time they become loyal customers as well and they recommend the others to the same service by words of mouth. Therefore, any service providing organization should maintain a good relationship between their customers, because those are one of the essential parts for producing service joining with the service provider. Relationship marketing of hospital is closely aligned with both patients care principles' and the basics tenant of consumerism. The patients are judges, of deciding the quality of the service in comparison with the service they actually receive and they would like to receive. Some theorists mentioned the same concept that the quality plays a major role on consumer satisfaction (Omar & Schiffman, 1995; Gremler et al., 2001; Kumar et al., 2008). Satisfied patients get intend to continuously use the service further they will introduce new patients with their words of mouth.

However, the service quality is difficult to define and measure like the tangible products so different scholars have tried to measure service quality through using different tools. Marketing research studies proposed a set of criteria used to measure the quality of service with the past experiences of consumers. There are two popular methods used in measuring the service quality such as SERVQUAL model (Parasuraman et al., 1985) SERVFERF (Cronin & Taylor, 1994).

Parasuraman et al. (1985) formulated a service quality model that highlights the main requirements for delivering a high service quality. According to him, the first step of

the service quality model is the identification of the consumer expectations, management perception. The quality that a consumer perceives in a service is a function of the magnitude and direction of the gap between expected service and perceived service. Parasuraman et al. (1998) believe that measuring of service quality as disconfirmation theory is valid and allows service provider to measure several gaps in the provided service. Parasuraman has used five dimensions SERVQUAL model, such as tangible, reliability, responsiveness, assurance and empathy, for measuring the service quality. Tangible means the physical assets need to provide service, reliability means perform the service in the promised way, responsiveness means willingness to provide prompt service which satisfies the customers' willing, assurance means the knowledge and courtesy of the employees and their ability to inspire trust and confidence of service and the empathy dimension means the carrying of individualized attention of firm to his consumer.

According to Chakraborty & Majumdar (2011), the SERVQUAL model is the most suitable instrument to measure the health care service quality due to four major reasons. First, it is good at eliciting the view of the customer regarding the service encounter, second, it can alert the management to consider the perception of both the management and consumers. Third, it address the service gap that will helps as a basic for formulating strategies and tactics in order to ensure fulfilment of expectations and finally, it is able to identify the special area of the weakest service and also provides benchmarking analysis for hospitals in the same industry. Health care service is an important service system for human being and it helps the people to be away from illnesses and also to get cure from deceases. Therefore, the quality is determined by the best possible balance between risks and benefits (Niaze, 2007). Health care service has to meet the clinical needs of the population while ensuring the patients respect as persons, prompt attention of care, quality of amenities, access to social support networks and choice of providers.

Babakus & Mangold (1992) identify the health service quality components as two folds such as the technical quality and the functional quality. The technical quality of heal care services is the accuracy of diagnostic and treatment procedures. However, it is very difficult to successfully judge the recipient of the service. The functional quality of health service is the way in which the hospitals provide health service for patients. This aspect of service could be understood and judged by the receivers on

the quality of health service. However, Saleh et al. (2012) identified three quality dimensions related to the health care services i.e. client quality, management quality and professional quality.

The quality is a buzz word for many parties and may views by different parties in different ways. For example, in medical and technical point of view, providing of medical services using the superior values though different methods; which includes the ethics of medical practice, medical working personnel, the quality of the provided medical services are considered as important. Quality from the patient's point of view, is satisfying patient's needs, and providing the necessary medical services to the patient. Quality from the administrative point of view, includes the ways of using available resources and allocate them to ensure the delivery of the medical service in the right time, and with an acceptable cost. Quality from the senior medical administration, includes the extent of satisfaction with the performance of the senior management, and its role in the support and development of medical services and the health system.

The past studies have pointed out that the behavior of unsatisfied and less talented employees, negatively affect the quality of care which adversely affects the patients' satisfaction and patients' loyalty to the hospitals (Atkins et al., 1996). Similarly, Prakash (2010) pointed out that the quality of the health care system would be determined by the patients through safe, equitable, evident based, timely, efficient and a patient centered service process.

Measuring the service quality is the most important for service organization and due to I ntangible nature service quality is difficult to measure. With regard to measuring service quality, well known SERVQUAL scale has been developed by Parasuraman as cited in Ndamnsa (2013). It has been widely used for most of the study in the various service sector .Original SERVQUAL model had a 10 dimensions and later it was reduced in to 5 dimensions. It include tangibles (the appearance of physical facilities, equipment, and personnel), reliability (the ability to perform the promised service dependable and accurately), responsiveness (the willingness to help customers and provide prompt service), empathy (the provision of individual care and attention to customers), and assurance (the knowledge and courtesy of employees and their ability to inspire trust and confidence).In hear each dimension has used to

measure the consumer expectation and perception of service provided and gap score between expectation and perception is used to calculate the service quality .Carman, (1990), Llosa,(1998) & Prabha (2010) have identified that there are some weakness of SERVQUAL, when applying it in different service industries .Therefore most of the researchers have try to develop the scale measuring service quality in each specific context .As a example ,Prabha (2010) has developed EDUSERV scale and it has been used to measure the education service quality in the education service sector. On the otherhand Babakus & Mangold.(1992),Chahal & Kumari,(2010), Nana,(2010) have adopted modified SERVQUAL in measuring healthcare service quality. When we consider the Indian context, Chahal & Kumari (2010) have developed and tested the multidimensional scale in measuring healthcare service quality in Indian and they have suggested several dimensions. It includes physical environment quality, process quality and outcome quality. Conga & Mai (2010) have developed another 3 dimensions, including Tangible, Accessibility to healthcare services, Attitude and ethics. Daneshkohan, Pouragha & Arab (2010) have used four dimensions (Environment quality, Process quality, Interaction quality and Cost) to measure the health service quality in Iran private hospitals.

There are many factors relevant to service quality. According to the factors the following factors are considered for the study purpose. Such as Reliability, Response, Assurance, Tangibility and Empathy.

2.2.1 Reliability

Reliability is defined as “the ability to perform the promised service dependably and accurately” or “delivering on its promises” (Zeithaml et al., 2006, p. 117).This dimension is critical as all customers want to deal with firms that keep their promises and this is generally implicitly communicated to the firm’s customers. Some companies such as FedEx may make it an explicit service positioning. For the food & beverage industry, reliability can be interpreted to mean fresh food delivered at the correct temperature and accurately the first time (Andaleeb & Conway, 2006).

2.2.2 Responsiveness

Responsiveness “is the willingness to help customers and provide prompt service” (Zeithaml et al., 2006, p. 117). This dimension is concerned with dealing with the

customer's requests, questions and complaints promptly and attentively. A firm is known to be responsive when it communicates to its customers how long it would take to get answers or have their problems dealt with. To be successful, companies need to look at responsiveness from the view point of the customer rather than the company's perspective (Zeithaml et al., 2006).

2.2.3 Tangibles

This dimension, which is defined as the physical appearance of facilities, equipment, staff, and written materials. It translates to the restaurant's interiors, the appearance and condition of the cutlery, tableware, and uniform of the staff, the appearance and design of the menu, restaurant signage and advertisements (Zeithamal et al., 2006). Tangibles are used by firms to convey image and signal quality (Zeithaml et al., 2006).

2.2.4 Empathy

Empathy is defined as the "caring, individualized attention the firm provides its customer (Zeithaml et al., 2006, p. 120). The customer is treated as if he is unique and special. There are several ways that empathy can be provided: knowing the customer's name, his preferences and his needs. Many small companies use this ability to provide customized services as a competitive advantage over the larger firms (Zeithaml et al., 2006). This dimension is also more suitable in industries where building relationships with customers ensures the firm's survival as opposed to "transaction marketing" (Andaleeb & Conway, 2006). Thus, in the context of quick service restaurant, empathy may not be so applicable where customers look for quick service and the queues at the counters are long. However, in a fine dining restaurant, empathy may be important to ensure customer loyalty as the server knows how the customer likes his or her food prepared. On the other hand, some customers may just want to be left alone to enjoy their food and may not want someone giving them too much attention. Empathy in the context of fine dining can be demonstrated through showing concern in times of service failure and providing service recovery or going out of the way to meet a customer's special requirements, for instance, providing vegetarian food.

2.2.5 Assurance

Assurance is defined as “the employees’ knowledge and courtesy and the service provider’s ability to inspire trust and confidence” (Zeithaml et al., 2006, p. 119). According to Andaleeb and Conway (2006), assurance may not be so important relative to other industries where the risk is higher and the outcome of using the service is uncertain. Thus, for the Customer Satisfaction medical and healthcare industry, assurance is an important dimension that customers look at in assessing a hospital or a surgeon for an operation. The trust and confidence may be represented in the personnel who links the customer to the organization (Zeithaml et al., 2006).

2.3 Patient’s satisfaction

In the health care service, the consumers are the patients thus the customer satisfaction is called as patients’ satisfaction. Patient’s satisfaction is the key concept in any healthcare organization. Pakdil & Harwood as cited in Alrubaiee (2011) has identified patients satisfaction is the key success indicator in the healthcare. According to the Zineldin as cited Alrubaiee (2011) generally satisfaction is an emotional response .with regard to the healthcare, Pelz,(1982) has defined patients satisfaction as an evaluation of different healthcare dimension .On the other hand patients satisfaction information are necessary to quality assessment for designing and managing healthcare (Naidu,2009).Patients satisfaction with healthcare has been argued as gap between expectations about the healthcare service and patients perception of received healthcare service service(Parasuraman as cited in Ndamnsa 2013). According to the Friesner(2009) patients satisfaction must be monitored and enhance over time. Understanding expectations of the patients is key success factor in the healthcare organization .

Jackson,(2001) suggests that patients-doctor communication variable strongly impact on the patients satisfaction. Furthermore, he has said that understanding of patients ‘satisfaction is used for four reasons. Those are compare different health care programs or systems, evaluate the quality of care, identify which aspects of a service need to be changed to improve patient satisfaction and identify the patient’s wiliness for particular healthcare services.

Patient's satisfaction can be measured by using various methods and ways. Research studies of consumer satisfaction or patients' satisfaction have been used different factors to measure the satisfaction. Korler & Keller as cited in Zamil (2012) have understood the many ways to measure the satisfaction. According to Korler & Keller as cited in Zamil (2012) interview with consumer, questionnaire through the website and Secret client method. (staff member act as the consumer and ask the questions from the other consumer about satisfaction) can be used to measure the satisfaction. According to Senarath, (2006) patient satisfaction was measured by a 16-item instrument it has been covered several key dimensions (Accessibility, Interpersonal aspect of care, Physical environment, Technical aspects of care and Outcome of care) of client satisfaction.

According to Strasser (1991) the patients' satisfaction is the patients' value judgment and subsequent reaction to the stimuli they perceive in the health environment just before, during, and after the course of their inpatient stage or clinical visit. Similarly, Blumenthal (1996) defines patients' satisfaction as how the patients value and regard their health care. Also, Jagdip (1989) says the patients satisfaction is the result of a process of assessment of the service which has obtained from an object (physician) on patient health care system.

Presently, the health care consumers are more aware of medical service and they have a good knowledge about the quality of service than earlier. Therefore, it has become an important factor to provide better quality services to meet the patients' expectations. The health care industry is becoming more competitive therefore the concept of patients satisfaction has become more importance (Singh, 2010). According to Donabedian (1980, 1988) higher patients' satisfaction of health care service leads to more reuse of service, positive words of mouth publicity and brings more positive benefits to the hospital through loyal consumers of the health care services. Patients' satisfaction is an important and commonly used indicator for measuring the quality in health care services. Also, the patients satisfaction is a good indicator to measure the success of doctors and hospitals since the patients' satisfaction depends on timely attention, providing an efficient service and patient-centered delivery of quality health care system.

According to Prabakaren & Satya (2003) the patients' dissatisfaction shall arise in three ways; first, the service providers are not aware of the service dimensions which important for the consumers, second, the service providers do not have a clear idea of the consumer prioritization of the service dimensions bases of their importance and last, the service providers are unaware of the service attributes that create service dimensions.

2.4 Relationship between Service quality and Patient's Satisfaction.

A review of the literature reveals many studies that have shown a positive relationship between service quality perceptions and satisfaction. Researchers have identified several possible variables that may result in out patient's satisfaction with the hospital services.

There is a reverse relationship between service quality and customer satisfaction and they are divided into two categories: The first one says that satisfied customer leads to a good perceptions of service quality (Bolton & Drew, 1991) and the second one recommends that service quality leads to customer satisfaction (Cronin Jr & Taylor, 1992; Spreng & Mackoy, 1996). These two categories confirm that there is a strong correlation between customer satisfaction and service quality. Andaleeb (2001) studied the relationship between customer satisfaction and service quality. The five-dimension framework of perceived service quality was described in Bangladesh hospitals as responsiveness, assurance, communication, discipline (tangible), and baksheesh (tips). All five dimensions of service quality were significant in explaining patient satisfaction. Discipline and then assurance had bigger impact on patient satisfaction than the others (Andaleeb, 2001). Tucker and Adams (2001) argued that quality variables could include caring, empathy, reliability, and responsiveness. Satisfaction variables were Access, Communication, and outcomes. In their study, on patient satisfaction at American public hospitals, the performance of the service provider and access provider serving were established approximately 74% of the express consent variances (Tucker & Adams, 2001). The result of Boshoff and Gray (2004) investigation demonstrated that the service quality dimensions, Empathy of nursing staff and Assurance, influence on Loyalty and Cumulative satisfaction,

significantly. The customer satisfaction dimensions including Satisfaction with meals, Satisfaction with the nursing staff and Satisfaction with fees may also have some impact on Loyalty and cumulative satisfaction, substantially (Boshoff & Gray, 2004).

Choi, Lee, Kim, Lee (2005) in South Korea hospitals explained that the relationship between service quality dimensions and patient satisfaction among patients based on age, gender and types of services received, did not differ (Choi et al., 2005). Padma et al. (2010) developed an instrument to measure service quality perceptions of patients and attendants. The eight dimensions of SQ for healthcare services include infrastructure, personnel quality, process of clinical care, administrative procedures, safety indicators, hospital image, social responsibility, and trustworthiness of the hospital. Moreover, the relationship between SQ and customer satisfaction (CS) in government and private hospitals in India were investigated by implementing regression from the perspectives of patients and their attendants. Personnel quality recognized as the most essential factor from the perspective of patients and their attendants (Padma et al., 2010). Owusu-Frimpong et al. (2010) measured service quality and patient satisfaction with access to treatment in public and private healthcare sectors in London. User of public and private healthcare maintained major problems in reaching healthcare and access to care problems was reported to be significant. Managers should pay special attention to it to improve the quality of service delivery and patient satisfaction (Owusu-Frimpong et al., 2010).

Al Azmi et al. (2012) studied patients' attitudes toward service quality and its effects on their satisfaction in physical therapy in KSA Hospitals. They surveyed the relationship between the five dimensions of service quality and the three dimensions of patient satisfaction in 3 hospitals in the Saudi Arabia. On any dimension of the service quality, there was a positive and statistically significant effect on the patient satisfaction. Assurance maintained the most effective and empathy kept the least effect on patient satisfaction. The differences between this study and previous published studies are: the extension of two tools for measuring patient satisfaction and service quality in healthcare area by using Exploratory Factor Analysis (EFA) and then Conformity Factor Analysis (CFA). In addition, we used SEM to test the hypothesis. This method has many advantages toward other statistical methods for analyzing: synthesizing latent variables with observed variables, considering measurement and structural errors in structural models.

Customer satisfaction and service quality are inter-related. The higher the service quality, the higher is the customer satisfaction. Pollack,(2008) has shown the most common impact of service quality on customer satisfaction. According to the Pollack,(2008) higher level of service quality lead to the higher level of satisfaction. Vinagre & Neves, (2008) have founded the empirical evidences about the effect of service quality on patients satisfaction. Choi, (2005) explains service quality plays the role of an antecedent of consumer satisfaction. Measuring service quality seems to pose difficulties to service providers because of the unique characteristics of services: intangibility, heterogeneity, inseparability and perishability (Bateson, 1985). Because of these complexities, various measuring models have been developed for measuring perceptions of service quality (Groenroos, 1983; 1990; Parasuraman et al., 1985; 1988; 1991; Stafford, 1996; Bahia and Nantel, 2000; Aldlaigan and Buttle, 2002). The SERVQUAL model of Parasuraman et al. (1988) proposes a five-dimensional construct of perceived service quality: tangibles; reliability; responsiveness; assurance; and empathy – with items reflecting both expectations and perceived performance. Service quality has become an important research topic because of its apparent relationship to costs (Crosby, 1979), profitability (Buzzell and Gale, 1987; Rust and Zahorik, 1993; Zahorik and Rust, 1992), customer satisfaction (Bolton and Drew, 1991; Boulding et al., 1993), customer retention (Reichheld and Sasser, 1990), and positive word of mouth.

(Fred David, Garner C. Alkin 2006): These variables have included perceived physician's competence, care and concern towards patients, cost of treatment and communication between physician and patient. Many studies reveal that a lower priority is placed on patient's perception on patient's run clinical expectations of service quality.

According to the American Marketing Association (AMA), customer satisfaction is the degree to which the customer's expectations are fulfilled or surpassed by a product or service. (Oliver 1980), says that customer satisfaction means a mental state of emotions caused by a customer's actual experience.

(Gilmore Audrey, Goodman Bill Reidstead Man 2006): A few professionals contend that patients/consumers perception of quality service in health care is not accurate because of the inability of patients to analyze and judge the technical competence of

medical practitioners with accuracy. It is further observed that our medical courses focus on imparting technical knowledge to the students and hence doctors do not receive any soft skill training which will enable them to get closer to their patients.

(Boonsohof and Gray 2004): Have conducted the studies on the relationships between service quality, customer satisfaction and buying intentions in the private hospital industry. The objective of the study was to find out if superior service quality and superior transaction specific customer satisfaction will enhance loyalty among patients in the private health care industry. Study attempts to assess what dimensions of both customer satisfaction and service quality drive 'Overall Satisfaction and Loyalty' in the South African private hospital industry. The results reveal that the service quality dimensions, empathy of nursing staff and assurance impact positively on both loyalty and cumulative satisfaction.

Results also revealed that the customer satisfaction dimensions are: satisfaction with food, satisfaction with the nursing staff and satisfaction with the tariff. All effect positively on both loyalty and satisfaction. The survey and study conducted aim to investigate the relationship between out patient satisfaction and service quality dimensions where patients have substantial freedom in choosing their medical service providers and to further study the casual relationship between service quality and satisfaction. Results show that the pattern of relationships between service quality and patient satisfaction was similar across the gender, age and service type subgroups. An exploratory study on service quality.

Themes showing patient satisfaction with healthcare delivery in India was conducted by (Sachin Kamble 2007) who has stated that very little emphasis was given by patients on service quality dimensions. The aim of the research was to get an idea of patients interpretations of satisfaction.

The role of government in assuring that our nation's healthcare system provides optimal services for its population has been emphasized upon (The World Health Report, 2000). Meaning of quality on healthcare system has been interpreted differently by different researchers.

(Ovretveit, 1992) Identified three "stake-holder" components of quality: client, professional and managerial. From the client's view point it is the meeting of the

patient's unique need and want. (Atkins, Marshall and Javalgi, 1996) at the lowest cost provided with courtesy and on time (Brown et al, 1998) while professional quality involves carrying out of techniques and procedures essential to meet the client's requirement and managerial quality entails optimum and efficient utilization of resources to achieve the objectives defined by higher authorities.

Meeting the objectives of both physicians and patients have been equated with the concept of quality in healthcare by some researchers (Morgan and Murgatrod, 1994) while others have focused on user perception, technical standards and providing care (Bollertal, 2003, Hulton, Mathews and Stones, 2000). Quality of care comprises of structure, process and health outcomes (Peabody et al, 1999); and there are eight dimensions of healthcare service delivery: effectiveness, efficiency, technical competence, interpersonal relations, access to service, safety, continuity and physical aspects of healthcare.

(Brown et al, 1998). The concept of quality notes different meanings to different stakeholders such as government, service provider, hospital administration and patients. Managing service processes has a very special significance in service industry as it offers a process for delivery of the services. Efficient service offering creates unique customer experiences which would make the consumers use the services.

(Lovelock and Wright, 1999): Assert that consumers do believe in moment of truth, it is a point in service delivery where customers meet and there is interaction with the employees of the hospital and the outcome may affect the perceptions of service quality. Hence, the hospitals must ensure that the front end and back end processes are aligned in a manner that they demonstrate a positive moment of truth for the customer.

There are certain services which rely heavily on consumers word of mouth for new business generations. Previous research has established the value of word of mouth in regard to obtaining travel agents, lawyers, hotels, financial planning, insurance agents, banks, car mechanics (File et al, 1992). The research points out that the intensity variety of customer participation during the service delivery process is predictive of positive word of mouth and referrals. The study done on 331 service recipients that the four dimensions of client participation are highly predictive of both

word of mouth and new client referrals. The four important participation factors are tangibility, empathy, attendance and meaningful interaction. Their findings support interactive marketing management for providers of complex services.

(Shostac, 1984): A customers service can be regarded as a process that consists of actual steps to satisfy customer requirements. For analyzing customer expectations and designing customer service process model is required. A better service design provides the solution to market success and growth.

(D C Brun C, Howell Bedford 89-93): State that Patient satisfaction surveys are useful in gaining an understanding of users needs and their perception of the service received. In a survey conducted by Department of Public Health, Ireland the level of satisfaction among the OPD attendees were 94%. Doctors and nurses were perceived as friendly by 61% and 72% and rude by 1% patients respectively. The study highlighted the areas for improvement from the patient's perspective.

(March S, Swart E, Robra B 2006): Assert that Patient satisfaction is an important indicator in evaluating the quality of the patient satisfaction (care) in the outpatient department. In a study conducted at Mageburg, Germany only 3.6% of patients were dissatisfied.

(Thorne L, Ellamushi 2002): At the Neuro-surgical care department of National Hospital, London, it was found that most aspects of patient care had 70 to 80% satisfaction.

(Alkess L H Cimiotti J, Sloane DM): Observations from a large study of different countries indicate that organizational behavior and the retention of a qualified and committed nurse work force might be a promising area to improve hospital care safety and quality, both nationally and internationally. Improvement of the hospital work environment can be a relatively low-cost strategy to improve the healthcare and improve patient outcomes.

Patients usually use associated facilities and human factors related to the quality measures to gauge the quality of hospital services and influence customer satisfaction. (Ostwald, Turner, Snipe S and Butler, 1998). Per se, the study has also used four other variables namely physician service performance, nursing service performance,

operational quality and overall service quality to supplement the patient loyalty measure to have a better insight into the process.

(Bennet et al 1997): In many low and middle income countries, the balance between private and public sector provision of health care over the past decade or so has tilted heavily towards the former.

The debate in India is complex because the country's healthcare system is characterized by many systems of medicines and plenty of unqualified practitioners. (Rohde and Vishwanathan 1993, Berman 1998). Another observation is that outpatient care has been dominated by the private sector for decades.

(Yesudian 1994, Bhat 1996, Kutty 2000). Poor quality and lack of public health care are observed and noted, particularly in the treatment of tuberculosis and malaria. (Uplekar and Rangan 1993, Kamat 2001, Uplekar et al 2001). However, despite numerous studies on healthcare systems in India, direct systematic comparisons of the nature of clinical care offered by public and private sector practitioners are lacking. Such evidence is badly needed to inform policies that seek and identify ways in which both sectors might complement each other.

In their research on the relation between medical services quality and satisfaction level (Warl et al 1978) did analysis on existing studies on patient satisfaction in order to extract indirectly a meaning of patient satisfaction.

In their analysis, patient satisfaction is affected by the characteristics of the service provider and medical services and patients demonstrate distinct behavior towards each of those characteristics.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

The aim of this section is to explain concept regarding the study, how to operationalize the concept and methods used in carrying out this research study, how the research is designed and reasons for the choices. Thus the chapter begins with research site, conceptual framework. Operationalization, research Approach, research design, and the chosen research strategy. . The chapter also presents the questionnaire structure and explains data collection method.

3.2. Research site

Hemas Holding is the one of the leading business in Sri Lanka. It consists with large variety of business,.including FMCG,Healthcare ,Transportation ,Leisure, and Power. Healthcare sector is the one of the key business and considerable income generating business. Hemas Hospital is the one of the leading private healthcare brand in Sri Lankan private healthcare sector .As a multi-specialty family hospital chain with good quality healthcare service ,Always they promise very best in healthcare and ensure you get value for money. Their vision is to be the Sri Lanka's most respected healthcare provider and brand of choice for healthcare professionals, touching 5 million lives island wide by 2020. With regard to their vision ,their mission is to take their unique hospital model to even more suburban cities ,as several more hospital have been supposed for the next seven years .Always they believe by providing quality and affordable healthcare to developing cities all over the island that they can contribute to the enriching lives of all Sri Lankans.

Hemas hospital is delivering quality healthcare services as a hospital chain, The hospital chain consist with wattala ,Thalawathugoda and gall.Thalawathugoda Hemas Hospital is the newly appointed hospital in to the Hemas Hospital chain ,It was started at 2013 and hospital has built considerable distinctive place in the patients mind by providing large variety of best healthcare services and affordable healthcare to the

patients .Hospital are offering ,24 hour OPD ,Specialist channeling, Patients room, ETU/ ICU, Surgical care, Ambulance service ,24 hour pharmacy, Health check packages, Home care services ,Sport medicine and Pediatric services for their patients with greatest caring about the patients and quality of services, As a responsive healthcare providing organization, they are highly responsible about their service quality and day by day they are trying to develop the service quality ,So researcher has selected service quality and patients' satisfaction of Thalawathugoda Hemas Capital hospital as a study area.

3.3. Conceptualization and operationalization

3.3.1. Conceptual framework

Conceptual framework of this research study has been designed by referring all the existing literature. Hokanson, (1995) explains that there are many factors that affect customer satisfaction. Such factors include friendly employees, courteous employees, knowledgeable employees, helpful employees, accuracy of billing, billing timeliness, competitive pricing, service quality, good value, billing clarity and quick service. Another most important thing is most of the researcher has found that quality is the most important factor which is impact on customer satisfaction .According to Oliver as cited in Ndamnsa (2013) in both the service and manufacturing industries, quality improvement is the key factor that affects customer satisfaction and increases purchase intention among consumers. Service quality can be measured through various indicators and well known SERVQUAL has been developed by the Parasuraman(1985), In the healthcare sector various researcher has identified the various aspect of service quality .

So they have developed healthcare industry specific scale to measure the healthcare service quality .one of the scale has developed by the Daneshkohan, Pouragha and Arab (2014) .So base on that study this conceptual framework has been modified and used by the researcher .

Model consists with three independent variables and one dependent variable .In hear environment quality ,process quality and interaction quality are the independent variables .patients satisfaction are the dependent variable

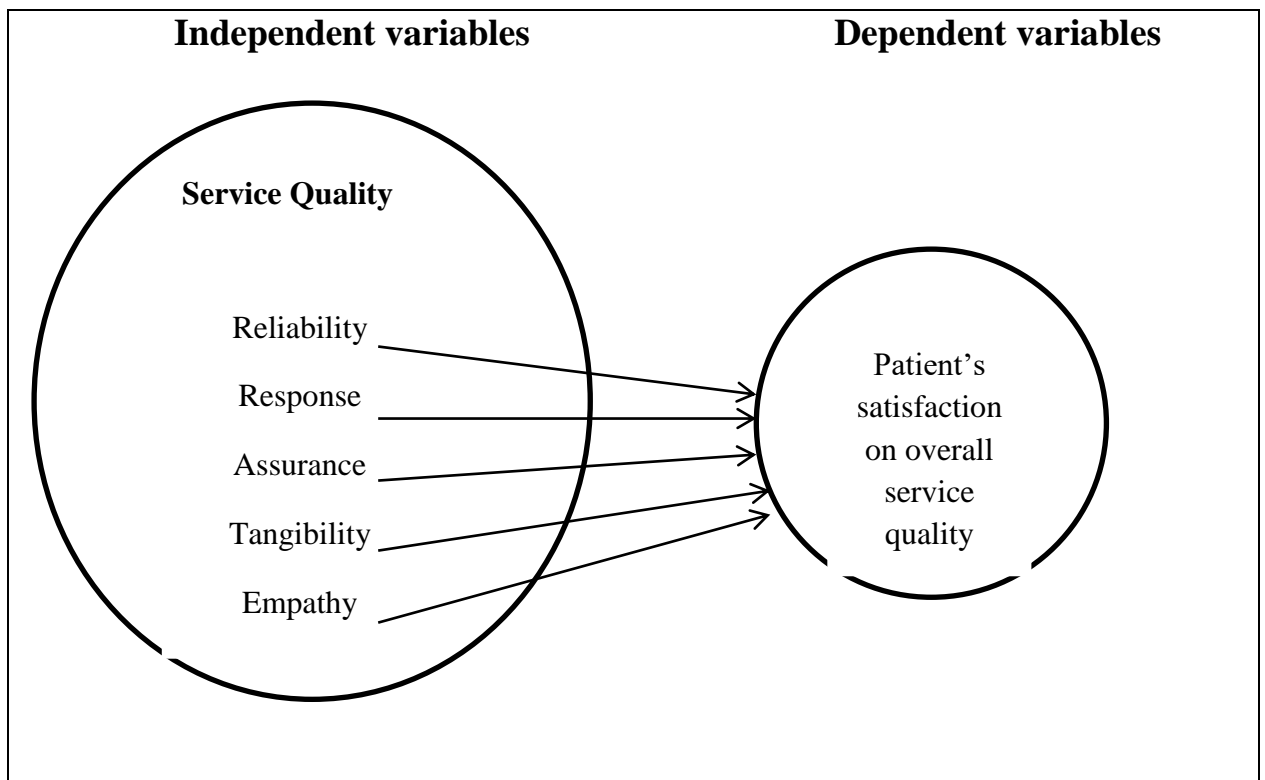


Figure 3.1: Conceptual framework

Table 3.1 Concept definition

Service quality	According to the Zeithaml as cited in cong, Mai (2013), service quality is the evaluation of the customer on the results of the service provided to them.
Customer satisfaction (Patients satisfaction)	According to Oliver as cited in Ndamnsa (2013) The construct of consumer satisfaction refers to consumers' fulfillment response or emotional feelings about a specific consumption experience.

3.3.2. Operationalization

Measurement of Independent variable (service quality)

Independent variable : Hospital service quality is measured by using modified healthcare industry specific scale which is developed based on the two healthcare industry specific scales .One of the scale has been developed by the Conga, Mai(2010) ,which was used to measure the service quality and its impact on patients' satisfaction in Vietnamese Public Hospitals .Another one has been developed by the Daneshkohan, Pouragha & Arab (2014) which was used to measure service quality of Iran private hospitals .In hear, researcher has used modified scale and it consists with 20 items. Researcher has used it to measure the service quality of Thalawathugoda Hemas capital hospital .Response is measured by using five point liker scales ranging from “strongly Disagree” (1) to “Strongly agree” (5) as follow

Table 3.2 Operationalization of Independent Variable

CONCEPT	DIMENTION	INDICATOR	QUESTION
SEVICE QUALITY	Response	Conducting the services right at the first time Procedure of getting admission Telling when services will be performed Quick provision of medical and	Q1Q,2,Q3Q,4,Q5,Q6,

		<p>non-medical services</p> <p>The time it took to check the text</p> <p>The staff are friendly</p>	
	Tangibility	<p>Dress and appear of the staff</p> <p>Clean and comfortable environment of the hospital</p> <p>Modern and up-to-date equipment</p> <p>Visual appeal of physical facilities</p> <p>Parking facility</p>	Q6,Q7,Q8,Q9,Q10,

	Reliability	<p>Telling when services will be performed</p> <p>Creating a sense of trust in the patient</p> <p>The staff imparted confidence to the patients</p> <p>The staff provided error free reports</p>	Q11,Q12,Q13
	Empathy	<p>Willingness of staff to help patients</p> <p>Attention to the patients' beliefs and emotions</p> <p>Doctors are very kind and polite when examining the patients</p> <p>Doctors are courteous when providing health advice</p>	Q14,Q15,Q16,Q17,Q18,

		The staff understand the patients requirements	
	Assurance	<p>The availability of staff when needed</p> <p>Understanding the specific needs of patients</p> <p>The staff adapted services to our need</p> <p>Qualified staff to assisted the patients</p> <p>Satisfaction about staff Hospitality</p>	Q19,Q20,Q21,Q22,Q23,
Patients satisfaction	Satisfaction		Q24Q,25,Q26,Q27

3.4. Research approach.

This quantitative study has been conducted by using deductive approach , Deductive approach begin with existing theories .Then hypothesis are set ,data collection

,finding ,hypothesis are rejected or confirmed and review of theory. Deductive approach is using to understand the nature of the problem. It means that study begins with the observations and then it may be converted in to creating new theory, developing the existing concept or conforming existing theory.

According to the this study research problem has been understood by investigating the existing theories and it has been useful to understand type of data collection method also .Mainly research problem has been understood through the study which is conducted regarding the service quality and patients satisfaction in the healthcare industry. According to the already read theories and past studies ,SERVQUAL model has been used to measure the service quality and consumer satisfaction in different service industries .But researcher could be found some special service quality measurement scale which is used specially for healthcare service industry .So researcher has used healthcare industry specific scale which is developed by Daneshkohan, Pouragha & Arab (2010) as a guide to modify and measure the theory of service quality and its impact on patient satisfaction in a quantitative way. Questionnaires have been used to collect data and that data have been organized to answer the research questions. The researcher has presented findings and made conclusions based on the data analysis.

3.5. Research Design

Success of any study depend on Selecting relevant research design and it provides framework for the researcher that guide the researcher from foundation of the theme, to the gathering of literature, right to the point of data collection ,answer to the research questions and finding analysis. Researcher should give their attention on selecting the correct research design. Because selected design should provide the correct information for the research question and design should be effective and timely accurate. Mainly research design consists with rational for relevant research site, sources of data, population, sampling and sampling technique, data collection method and instrument, validity and reliability test and method of data analysis.

3.5.1. Sources of data

In this study, both the primary and secondary sources of data are gathered to complete the study.

3.5.1.1 Primary data

Primary data should be more accurate for success of any research study, In hear primary data is gathered through structured questionnaire which is developed by the researcher based on two structured questionnaire .those are made other researchers .

3.5.1.2 Secondary data

Secondary data also most important and selecting most accurate secondary data sources are challenging .In hear Published and unpublished ,local and foreign research article ,Hemas capital hospital official web site .Hemas Hospital official facebook fan page and internal document are used as a secondary data sources to conduct this study

3.5.2. Population

The study target population was all the patients who came to get any kind of healthcare services from Thalawathugoda Hemas Capital Hospital, Normally patients need to register before getting any kind of healthcare service from the hospital and after registered in the hospital system and

gotten healthcare service from the hospital that they are considered as the target population for this study.

3.5.3. Sampling

3.5.3.1. Sampling profile

The sample is drowing from the above population by covering all the service section of the Thalawathugoda Hemas capital hospital. All respondent are the patients who came to get the healthcare services from the hospital

3.5.3.2. Sampling technique.

There are two types of sampling techniques which include the probability and non-probability sampling technique. A probability sampling refers to a situation where the chances of each case to be selected from a population are known and equal for all cases. Whereas non-probability sampling can be explain as where the chances of each case selected from the entire population is not known which could make hard for a research question to derive an answer (Saunders, 2009). In this study, convenience sampling technique is used to select respondents. Convenience sampling is a technique in which samples are drawn based on convenience (Shiu, 2009). These respondents are contacted in the Thalawathugoda Hemas Hospital premises.

The decision to meet patients at the hospital is enabled collection of on the spot data particularly from those who are in the process of receiving health care service or are just from receiving such services rendered by hospital. The convenience sampling technique is what is used in this study. Because there is no particular time that it will be possible for researcher to have all the targeted respondents around to answer these questions, Patients are selected through the convenience sampling method as covering all the service category which provided by the hospital.

3.5.4. Sample size

Population of this study was all the patients who got healthcare services from the Thalawathugoda Hemas hospital. So in this study collecting data from all the patients is not practical due to time and cost contains. Therefore researcher has used only 100 patients.

3.5.5 Data collection method

3.5.5.1. Questionnaire

The questionnaire consists with Five major sections and 25 questions . All sections consists with the 5 point liker scale questions to measure response (strongly Agree=5, Agree=4, Neither Agree nor Disagree=3, Disagree=4, and Strongly Disagree=1)

3.5.5.2. Data analysis

The method of data analysis applied in this study is chosen in line with the type of study. This is a quantitative research study and with the use of a convenience sampling technique. The researcher has considered, It is necessary to analyze data

using a statistical instrument (inferential and descriptive statistics) as justified by the quantitative nature of data collection. According to the Shiu as cited in Ndamnsa(2013) Descriptive statistics are used to summarize and describe the data which are obtained from the respondent . The collected data have been analyzed with the help of the Statistical package for the Social Sciences (SPSS). There exist different software packages that could be used to analyze already collected quantitative data. The SPSS (Statistical Package for the Social Sciences) is a program that is used for statistical analysis in social science as the name implies This package is used not only by researchers in the business and marketing field but it is also a useful tool for health researchers, survey companies and a lot more of other bodies finds it important when analyzing data. Shiu as cited in Ndamnsa (2013).So researcher has analyzed the collected data by using SPSS 21 version .Correlation analysis and the Regression analysis have been used as the major analysis techniques.

Correlation equation runs from -1 to +1. When the correlation coefficient is near to -1it indicates that there is a strong negative relationship between two variables . When the correlation coefficient is exactly +1 it indicated that the relationship is perfect positive relationship. When the correlation coefficient is 0 it indicates that there is no positive or negative relationship between variables.

Table.3.3.Mean Scale

$5 \geq X > 4.2$	Very High
$4.2 \geq X > 3.4$	High
$3.4 \geq X > 2.6$	Average
$2.6 \geq X > 1.8$	Poor
$1.8 \geq X > 1$	Very Poor

Table.3.4. Correlation Scale

Value	Relationship
+1	Perfect Positive correlation
+0.99 – +0.8	Positive Strong correlation
+0.8 – +0.4	Moderate positive correlation
+0.4 – +0.1	Weak positive correlation
$r = 0$	No relation
(-0.1)– (-0.4)	Weak Negative correlation
(-0.4) –(-0.8)	Negative moderate correlation
(-0.8) –(-0.99)	Negative Strong correlation
-1	Perfect Negative correlation

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1 Introduction

In this chapter the research findings will be presented and analyzed based on the theoretical concepts to enable answers to the research question. This chapter begins with presentation of the data that were collected followed by the analyses of the data. The aim of this chapter is to analyze primary data that was collected from the survey and to enable answers to the research questions that were stated as how service quality dimensions impact on patient's satisfaction.

4.2 Data analysis

4.2.1 Sample profile

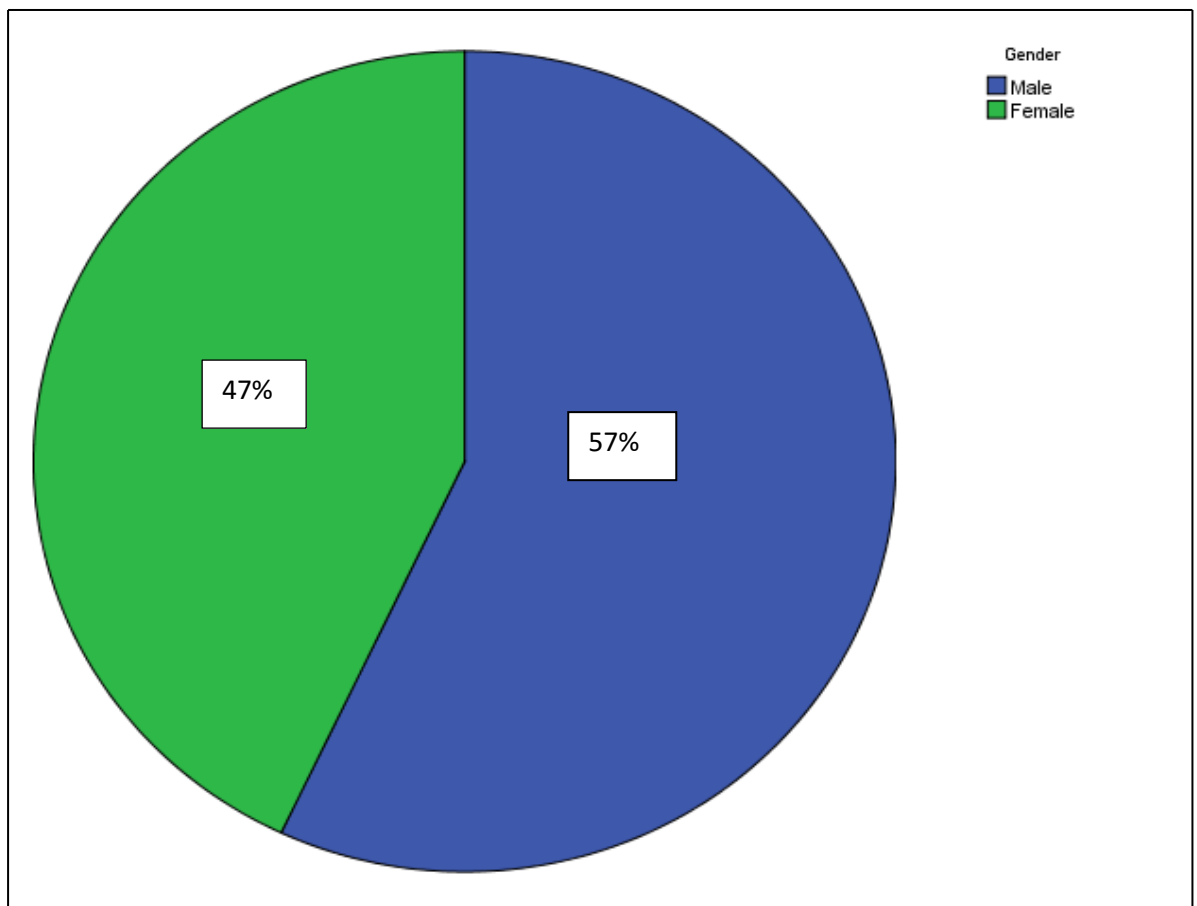


Figure 4.1 Gender Composition

Figure 4.1 shows the gender composition of the sample .which is selected for the study .As it shows highest number of respondents are the male .The percentage of the male respondent is 57%.according to the figure 43% respondents are the female respondents .Therefore in this study male respondent are higher than the female respondents.

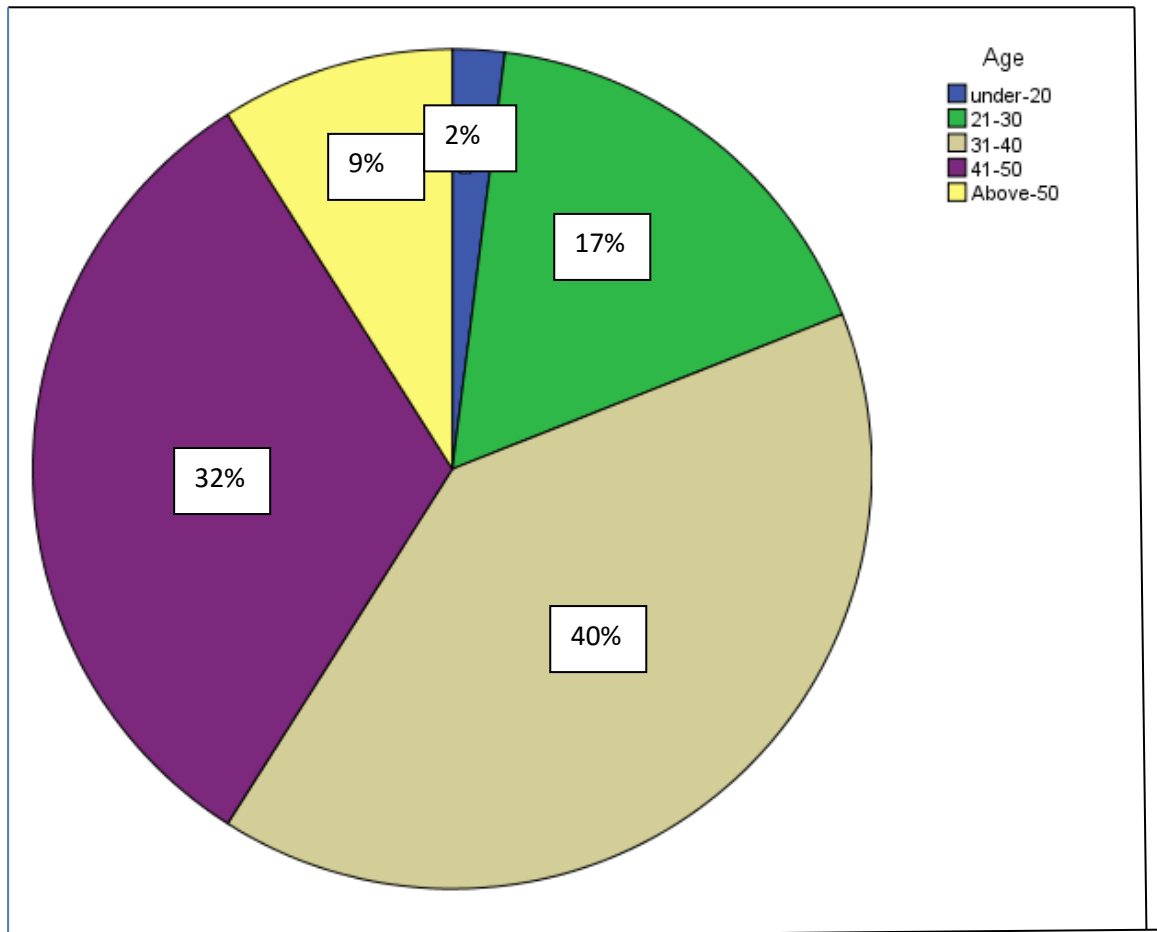


Figure 4.2Age Composition

Figure 4.2 show the age composition of the sample .According to that respondent are categorized in to five age categories .the highest number of respondent comes under 31-40 age category .It is 40.0% of the total sample .32% of total respondent comes under 41-50 age category and 17% of total respondent comes under 21-30 years age category .as it shows 9% of total respondents and 2.0% of total respondents represent the above the 50 years and under 20 age category respectively.

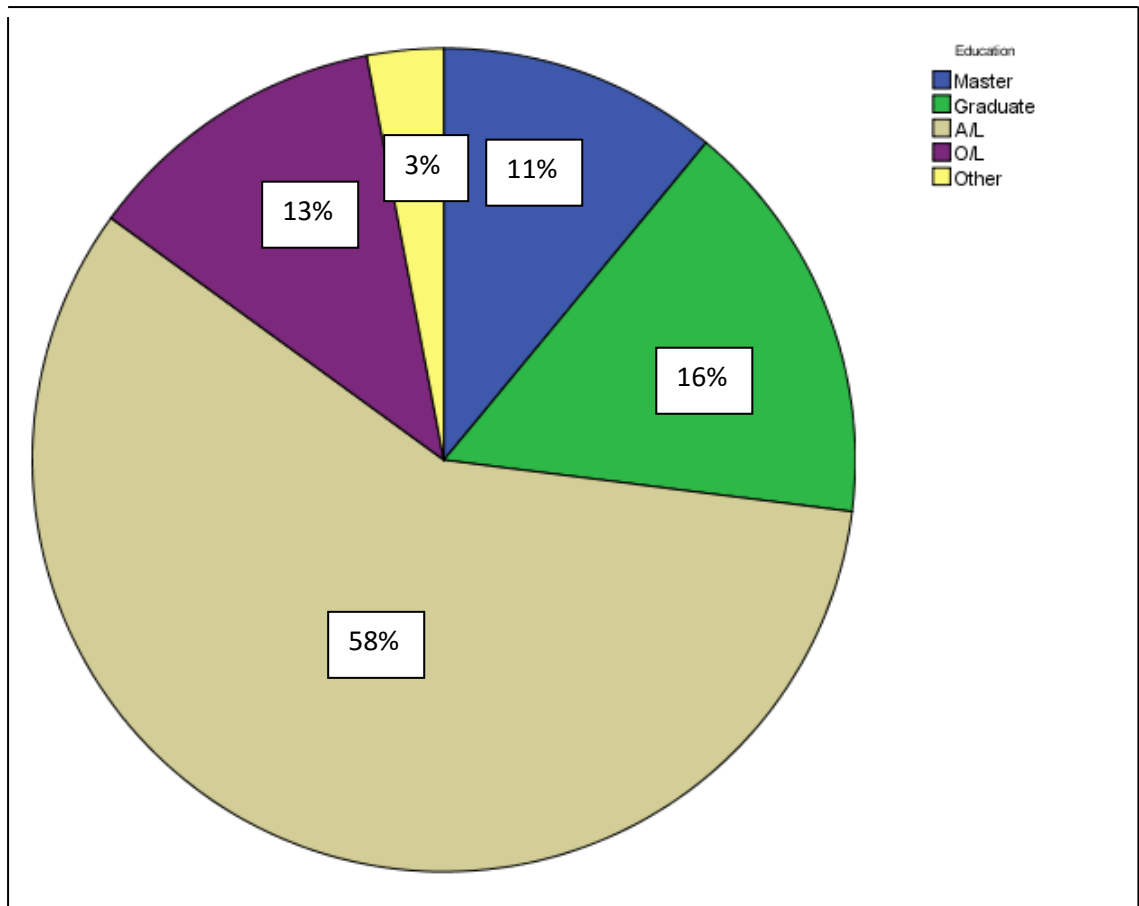


Figure 4.3 Educational level

Figure 4.3 shows the educational level of the sample of the study. According to that 58.0% of respondent are passed AL category and 16.0% of respondent comes under the graduate level category .OL and master level represent the 12.0% and 11.0 % of the respondents while only 3% of respondent comes under the other levels of education .as it shows higher number of respondents are pass AL.

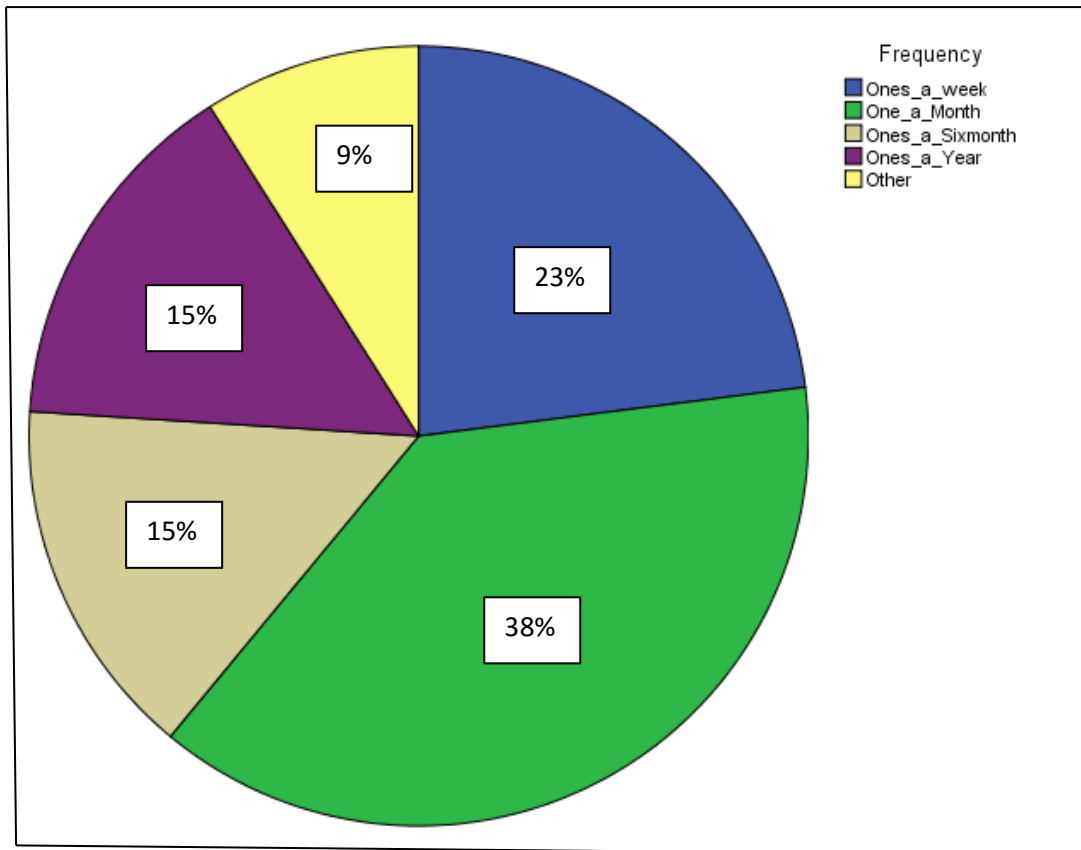


Figure 4.4 Frequency of visit

Figure 4.4 shows the Frequency of visit time of the sample .as it shows 38.% of respondents visit the hospital once a month an23. % of respondents visit the hospital once week .then once a six month, once a year and other with 15.0%, 15.0% and 9% respectively. According to this highest number of respondent visit the hospital once a month to get their healthcare services.

4.3 Descriptive analysis

Table 4.3 shows descriptive statistics calculated for four independent variables and the dependent variable. Respondents are asked to indicate their answers on a 5 point liker scale and Mean value and standard deviation are calculated to understand the current level of each variable.

Table 4.1 Descriptive statistics

Descriptive Statistics			
	N	Mean	Std. Deviation
Response	100	4.40	.492
Tangibility	100	3.94	.736
Reliability	100	4.11	.815
Empathy	100	4.17	.792
Assurance	100	4.09	.805
Patient satisfaction	100	4.16	.707
service_ quality	100	4.14	.307
Valid N (list wise)	100		

According to the table 4.1 service quality mean value (4.14) with (.307) standard deviation. Empathy has the highest mean value (4.17) with 0.79standard deviation and Tangibility has the lowest mean value (3.94with 0.74standard deviation .Mean value for Response and Patients satisfaction (PS) are 4.4 and 0.49 respectively. Mean value for Reliability and Patients satisfaction(PS) are 4.11 and 0.82 respectively. Mean value for Assurance and Patients satisfaction (PS) are 4.09and 0.81respectively. Overall all the mean values for the variable are less than 5. According to the mean scale service quality has high mean and patient satisfaction also has high mean.

4.4 Correlation analysis

Correlation analysis is done to find out the relationship exists between independent variables (Response, Tangibility, Reliability, Empathy, Assurance) and dependent variable (patient's satisfaction)

Table 4.2 correlation analysis.

Variable	correlation coefficient	(P) Value
Response	0.10	0.30
Tangibility	0.17	0.08
Reliability	0.48	0.00
Empathy	0.33	0.00
Assurance	0.42	0.00

Table 4.2 show the summery result of the correlation analysis . positive correlation can be seen in between Reliability and patient's satisfaction since correlation coefficient in between those two variable is 0.48 at the 0. 0.0 significant level .when we consider other independent variables , Response, Tangibility , Empathy, Assurance have positively correlate with the patients satisfaction

Positive correlation can be found between Tangibility and patient's satisfaction also. 0.17 (r) values indicate the positive relationship between these two variables at 0.08significant level. Positive correlation can be found between Empathy and patients satisfaction also. 0.33 (r) values indicate the positive relationship between these two variables at 0.00significant level. Positive correlation can be found between Assurance and patient's satisfaction also. 0.42 (r) values indicate the positive relationship between these two variables at 0.00significant level.

Weak significant and positive correlation can be seen between Response and patient's satisfaction .correlation coefficient between those two variables is 0.10at the 0.30 significant levels.

According to the data all the independent variables (environment quality process quality and interaction quality) are positively and significantly correlate with the dependent variable (patients satisfaction) .The highest correlation can be seen between process quality and patients satisfaction and second highest correlation can be found between interaction quality and patients satisfaction while environment quality has the least correlation with the patients' satisfaction.

Table 4.2.1.correlation analysis

Correlations

		Patient satisfaction	service_ quality
Patient _satisfaction	Pearson Correlation	1	.761**
	Sig. (2-tailed)		.000
	N	100	100
Service _quality	Pearson Correlation	.761**	1
	Sig. (2-tailed)	.000	
	N	100	100

** . Correlation is significant at the 0.01 level (2-tailed).

As shown in Table 4.3, Correlation is significant at the 0.01 level which confirms the moderate positive correlation. $r = .761$

4.5 Testing Parametric Assumptions

Some assumption need to be fulfilled to perform the parametric test (specially to perform the regression analysis) According to chan (2004) ,independency is one of key assumption for regression analysis. So before performing the regression analysis needs to evaluate the independency.

4.5.1 Independency

Independency of the data set can be understand thorough the Durbin-watson estimate .its range from 0-4 and value near to 0 indicates that strong positive and near to 4 indicates strong negative relationship .If value near to 2 indicates that data point are independent .According to this study value of Durbin-watson estimate is 2.214.(refer appendixes H) that indicates ,independency assumption is not break.

4.1.1.5 Multiple regression analysis

Table 4.3 Model summery

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	0.7799	0.608244	0.587406	0.453924	
a. Predictors: (Constant), Assurance, Empathy, Reliability, Response, Tangibility					

Source : (survey data 2016)

A table 4.3 shows the model summery of the regression analysis. In hear value of the R square shows the degree to which extent the variance of dependent variable is explained by the independent variables. In hear R square value is 0.608.that means 60.8 % of the variance of patients satisfaction of the Thalawathugoda Hemas capital hospital is explained by the assurance, empathy, ,reliability ,,response and tangibility.

Table 4.4 coefficient table

Model	Unstandardized Coefficients		Standardized Coefficients beta	T	Sig.
	B	Std. Error	BETA		
(Constant)	-2.73	0.68		-4.02	0.00
Tangibility	0.25	0.06	0.27	3.97	0.00
Response	0.27	0.09	0.19	2.81	0.01
Reliability	0.41	0.06	0.47	7.28	0.00
Empathy	0.30	0.06	0.34	5.10	0.00

Table 4.4.1 Coefficient Table

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-3.109	.627		-4.959	.000
service_quality	1.755	.151	.761	11.624	.000

. Dependent Variable: Patient satisfaction

Table 4.4.2 Coefficient Table

Source:-SPSS output

Table 4.4 shows the coefficient table of the regression analysis. B value of the table represents the degree to which extent the dependent variable can be affected by a certain independent variable while other independent variables remain constant.

B coefficient for Tangibility is 0.25. That means increasing one unit of Tangibility causes to increase patient's satisfaction in 0.25 unit while other independent variables remain constant. This conclusion can be done with 100% of confidence interval since the significant value is 0.00% which means that, there is a probability of 0.00% to reject this conclusion.

Response involve 0.27 B value, which denotes when Response increase 1 unit patients satisfaction increase 0.27 unit while other independent variables remain constant. This conclusion can be done with 99.99 % of confidence interval since the significant value is 0.01. which means that, there is a probability of 0.01% to reject this conclusion.

B coefficient for Reliability is 0.41. That means increasing one unit of interaction quality causes to increase patients satisfaction in 0.41 unit while other independent variables remain constant. This conclusion can be done with 100% of confidence interval since the significant value is 0.00. which means that, there is a probability of 0.00% to reject this conclusion.

B coefficient for Empathy is 0.30. That means increasing one unit of Empathy causes to increase patients satisfaction in 0.30 unit while other independent variables remain

constant .This conclusion can be done with 100% of confident interval since the significant value is 0.00.which means that ,there is a probability of 0.00% to reject this conclusion

B coefficient for Assurance is 0.43.That mean increasing one unit of Assurance causes to increase patients satisfaction in 0.43 unit .while other independent variable remain constant .This conclusion can be done with 100% of confident interval since the significant value is 0.00.which means that ,there is a probability of 0.00 % to reject this conclusion

B coefficient for service _quality is 1.755.That mean increasing one unit of service _quality causes to increase patients satisfaction in 1.755unit .while other independent variable remain constant .This conclusion can be done with 100% of confident interval since the significant value is 0.00.which means that ,there is a probability of 0.00 % to reject this conclusion

According to the result regression equation can be formulate as follows

$$Y = -2.73 + 0.25 X_1 + 0.27 X_2 + 0.41 X_3 + 0.30 X_4 + 0.43 X_5$$

Y= Patient's satisfaction

X_1 = Tangibility

X_2 = Response

X_3 = Reliability

X_4 = Empathy

X_5 = Assurance

4. 6 Hypothesis testing

Hypotheses can be tested by using the P - value (sig level) of each B coefficient of independent variables. Confident interval of accepting hypotheses in social sciences is 95%. To achieve this confident interval, P - value should be equal to or less than 0.05. If it is not equal to or less than 0.05, null hypotheses cannot be rejected. In another way alternate hypothesis is not supported.

P – Value of Tangibility is 0.00 which is less than recommended level of 0.05. which indicates that the Tangibility impact of patient's satisfaction with 100% confident interval. Hear probability of rejecting H1 is 0% Base on the result H1 can be accepted.

P- Value of the Reliability is 0.000 which is less than 0.05. which indicates that the Reliability impact on patient's satisfaction in Thalawatugoda Hemas Capital Hospital with 100% confident interval. Hear probability of rejecting H1 is 0%. Base on the result H1 can be accepted.

P – Value of Response is 0.01 which is less than recommended level of 0.05. which indicates that the Response impact of patient's satisfaction with 99.99% confident interval. Hear probability of rejecting H1 is 0% Base on the result H1 can be accepted.

P – Value of Empathy is 0.00 which is less than recommended level of 0.05. which indicates that the Empathy impact of patient's satisfaction with 100% confident interval. Hear probability of rejecting H1 is 0% Base on the result H1 can be accepted.

P – Value of Assurance is 0.00 which is less than recommended level of 0.05. which indicates that the Assurance impact of patient's satisfaction with 100% confident interval. Hear probability of rejecting H1 is 0% Base on the result H1 can be accepted.

On the whole service quality (Assurance, Empathy, Response, Reliability and Tangibility) has significant impact on the patients satisfaction in Thalawathugoda Hemas capital hospital since $P \leq 0.05$ significantly impact on the patients in Thalawathugoda Hemas capital hospital.

CHAPTER FIVE

CONCLUSIONS & RECOMMENDATIONS

5.1 Summary of the findings

Descriptive Statistics

	N	Mean	Mean Scale
Response	100	4.40	Very High
Tangibility	100	3.94	High
Reliability	100	4.11	High
Empathy	100	4.17	High
Assurance	100	4.09	High
Patient satisfaction	100	4.16	High
service_ quality	100	4.14	High
Valid N (list wise)	100		

According to mean scale Service quality factors shows high mean and Patient's satisfaction high mean.

Model	Unstandardized Coefficients		Standardized Coefficients beta	T	Sig.
	BETA	Std. Error	BETA		
(Constant)	-2.73	0.68		-4.02	0.00
Tangibility	0.25	0.06	0.27	3.97	0.00
Response	0.27	0.09	0.19	2.81	0.01
Reliability	0.41	0.06	0.47	7.28	0.00
Empathy	0.30	0.06	0.34	5.10	0.00
Assurance	0.43	0.06	0.49	7.39	0.00

Tangibility: - According to the correlation table the tangibility can define as a factor which significantly impact to the dependent variable which is Patient satisfaction and it show the 0.000 P value by the coefficient table

Response:- The coefficient Table Show the Strong Positive Relationship With Response And The Patient Satisfaction Because The Above Table Shows the P value As 0.000

Reliability:- The Above Figure Shows 0.001 P Value For Indicate THE Relationship Between Reliability and the Patient Satisfaction

Empathy:- The coefficient Table Indicate The 0.000 P Value between Empathy And Patient Satisfaction it Can be Define as the Strong Relationship Between The Variable

Assurance:- Assurance also a Factor That influence to the Patient Satisfaction and according to the coefficient table indicate the 0.000 p value and it mean there is a strong Positive Relationship between Assurance and Patient Satisfaction

5.2 Discussions (Recommendations)

The mean value is a one of major element that Can Be used To Measure the Nature of the Independent And Dependent Variable according To finding About Mean Value of The Dependent And Independent Variables, can be discuss as Fallowing According to the Mean Scale The Empathy Shows The 4.17 High mean Value When Compare With The Other Variables In Addition To The Response Shows The 4.4 Mean Value ,Reliability Shows 4.11 mean Value, Tangibility Shows the 3.94 mean Value and Assurance Shows The 4.09 Mean Value. As well as the dependent Variable of This Research as Patient Satisfaction Shows 4.16 Mean Value According To That The Tangibility Shows minimum mean value Which is 3.94 and Highest mean Value Of Independent Variables is 4.17 that included to Empathy.

When Consider the Mean Value according to Mean Scale management Have to Consider the all the Independent and Dependent variables and Those Variables Fluctuation Basically Management Have To Attention to Increase Lowest Mean Value of The Independent variables And Reduce The Mean Value Of The Dependent Variables .

According To Mean Scale and Coefficient Analysis Management Can Take The Decision about how Those independent And Dependent Control to Increase The Satisfaction of The patient according To Scale Result We Can Identify The All The Variables such as Reliability Empathy, Response Tangibility Assurance Significantly Impact To the Variation of The Patient Satisfaction OFF The Hospital. So Management Have to Take The Most Appropriate Decision To Handle The Empathy, Response .Tangibility .Reliability, Assurance The Manner of Increase the Patient Satisfaction

Response Is one Of Element that impact to the Patient Satisfaction In hear management Able TO Take The lot of Action to Handle the response in favorable Manner. Basically The Responsive Indicate The How Can Give A proper Service To The Patient and How can help them This Dimension Is Concerning How Can Identify Patient Requires, Question And Complains According To that Management Has to Identify Those Element And Should take the Decision To increase The Patient Satisfaction

Reliability Is the Process of delivering the Promises that mean ability to perform the promise Accuracy it may directly impact t the increase the Patient Satisfaction Most properly So Management have responsibility to Supply the service according their promised and they can Trained the customer And Allocate the Responsibility To Supply services Most Properly

Tangibility is Basically Define about Physically Appearance About The Facilities Equipment and Staff and Other things All of this element Should Control The Manner of Satisfy the Customer Satisfaction Hospitality Management Able To Arrange the Good Equipment .To the Treatment and Trained the good staff to Supply the Services

Empathy also Most important element That have Consider as a dependent Variables It mean Individualized Attention to Each And Every Patients according to that The hospital management able to handle the good Database about patient .They Use Single Staff Members to Single Patient.

Assurance also very important element That Can Impacts to the patient Satisfaction it indicate how maintain the Trust and confidence Hospital Management Able To

Trained The well Staff And Use the most Skillful Doctors And Staff to Supply the Services to the Patients

5.3. Implication of the study

Quality has become a most important icon in any service industry .because present consumers are more knowledgeable and always they are expecting quality service relating to the paid amount .so quality has become a key success factor for any service organization .Healthcare is one of the large service category in Sri Lanka and service quality play vital role in the healthcare organization .Because they are dealing with human life. Therefore service quality play vital role in patients 'satisfaction of both private and public healthcare organization .So service quality has become a turning point when evaluate the healthcare organization .The main purpose of this study is to identify the service quality of Thalawathugoda Hemas capital hospital and its impact on their patients satisfaction.

In addition to discuss the Objectives of this Research discuss further more To identify the relationship between service quality and patients' satisfaction in Thalawathugoda Hemas Capital Hospital according that Researcher Has used Maine five dimension to Indicate the Service Quality Such As Tangibility Response Reliability Assurance and Empathy

In Addition To researcher has discussed More Specific objectives Healthcare industry specific scale will be used to measure their service quality .it included environment quality, process quality and interaction quality. In hear main objective has separated to three specific objectives. To identify the relationship between service quality and patients satisfaction in Thalawathugoda Hemas capital hospital. To know the level of service quality in Thalavathugoda Hemas Capital Hospital To find suitable strategies to improve service quality in Thalavathugoda Hemas Capital Hospital.

When Discuss the chapter frame It has discussed different dimension chapter one has discussed overall research frame Chapter two has discussed Previous research Which Has analysis the relative topics Chapter Three Has Discussed Methologology ,samples and other relative Equipment That has Used to analysis the finding Chapter

Four Has Used to all the process Of The analysis and interpreted the Analysis
Chapter five Has Used Conclusion and Recommendation

5.4 Limitation and suggestions for future research

Basically when prepare this research There Are several limitation such a as the dimension has covered a limitation area and also it has analysis about only the thalawathugoda hemas Hospital and in addition to when collect the data there are many problem because the sample size basically depend on patient so when patient interview for the research some time it not practical and sometime some patient response also not well

When discussed suggestion for future researcher they can expand the sample size and they can analysis the more than one hospital and they can use most appropriate method for data collection

5.5 Conclusion

This study proved that tangibility has significant impact on the patient's satisfaction in Thalawathugoda Hemas capital hospital. Even though B coefficient of the environment quality is 0.25. at 0.005 significant level (Refer appendixes J) However it is sufficient to prove that the significant impact of tangibility on patients satisfaction (PS).any how this finding are different from the studied conduct by the Zarei,Pouragha and Arab (2010).

On the other hand this study has confirmed that response has significant impact on the patient's satisfaction in Thalawathugoda Hemas Capital Hospital. According to the regression analysis B coefficient of the process quality is 0.27 at 0.01 significant level ,(Refer appendixes J).So it is considerable factor to prove that the significant impact of response on patients satisfaction (PS).According to the Zarei, Pouragha and Arab(2010) ,Research findings are same to their study.

Another way this study showed that reliability impact on patient's satisfaction with 0.041 B value At 0.000 significant level ,(Refer appendixes J).However it also sufficient to prove that the significant impact of reliability on patients satisfaction in Thalawathugoda Hemas capital hospital. This result is same to the studied conducted by the Zarei, Pouragha and Arab(2010).

According to this research the researcher has got moderate positive correlation ($r=0.761$). So that researcher can state that there is a positive correlation between service quality and patient satisfaction in Thalawathugoda Hemas capital hospital.

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APPENDIXES

SERVICE QUALITY AND PATIENTS' SATISFACTION

**(With special reference to Talawathugoda Hemas Capital Hospital
(pvt)LTD)**

I am a undergraduate student of South eastern university of Sri Lanka. I am carrying out a study on service quality and its relationship on patient's satisfaction in Thalawathugoda Hemas Capital Hospital (pvt) LTD. I will appreciate your honest opinions on filling the questionnaire.

SECTION A-PERSONAL INFORMATION

Please put a cross (X) on correct answer.

01. Gender

Male	1
Female	2

02. Ages

Under 20	1
21-30	2
31-40	3
41-50	4
Above 50	5

03. level of educations

Master	1
Graduate	2
A/L	3
O/L	4
Other	5

04. How many times have you come to the Hemas hospital
Thalawathugoda?

Once a week	1
Once a month	2
Once a six month	3
Once a year	4
Other	5

SECTION B – SERVICE QUALITY DIEMENSION

Guideline for answer the following question -Please carefully read the following statement
and put a cross (X) on your choice of answer

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1	2	3	4	5

	Response					
1	Conducting the services right at the first time	1	2	3	4	5
2	The procedures of getting admission to the hospital are clear and simple	1	2	3	4	5
3	Hospital staff provides medical and non-medical services quickly.	1	2	3	4	5
4	The time it took to check the text	1	2	3	4	5
5	The staff are friendly	1	2	3	4	5
	Tangibility					
6	Hospital staff well dressed and appear neat	1	2	3	4	5
7	Hospital environment is clean and comfortable for patients	1	2	3	4	5
8	Hospital equipped with up-date and modern equipment	1	2	3	4	5

9	Hospital physical facilities (furniture, counters, medical equipment, beds, and lights, pharmacy) are visually appealing.	1	2	3	4	5
10	Hospital parking spaces are enough for patients	1	2	3	4	5
	Reliability					
11	Hospital staff are telling when service will be performed	1	2	3	4	5
12	Medical staff is always creating sense of trust in the patients	1	2	3	4	5
13	The staff imparted confidence to the patients	1	2	3	4	5
	Empathy					
14	Medical staff are always willingness to help the patients	1	2	3	4	5
15	Staff members give their Attention to the patients' beliefs and emotions	1	2	3	4	5
16	Doctors are very kind and polite when examining patients	1	2	3	4	5
17	Doctors are courteous when providing health advice to patients	1	2	3	4	5
18	The staff understand the patients requirements	1	2	3	4	5
	Assurance					
19	Medical staff are available when needed	1	2	3	4	5
20	Staff are Understanding the specific needs of patients	1	2	3	4	5
21	The staff adapted services to our need	1	2	3	4	5
22	Qualified staff to assisted the patients	1	2	3	4	5
23	Satisfaction about staff Hospitality	1	2	3	4	5

SECTION C- OVERALL SATISFACTION

Please consider overall experience you got from the hospital and put a cross (X) on choice of answer

24	The Hospital satisfies my needs and wants	1	2	3	4	5
25	I am happy to choose this hospital as my healthcare service provider	1	2	3	4	5
26	I made the right decision to stay with this hospital	1	2	3	4	5
27	My experience with this hospital can best be characterized as “very satisfactory	1	2	3	4	5